Mar-28-2014 01:24 PM Bank of America 9722163016

00-14-9297M 02-2013

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Bank of America (THE "BANK")	Business Signa with Substitute		
Account Number: 9972  Account Type: DDA SAV  Account Title:  MEDALLION HEALTH GROUP LLC	СБ	Bank Number	: 099
Legal Designation:			
☐ Individual/Sole Proprietor ☐ Trust/Esta☐ Partnership (Enter the type of partnership: Ge ☐ Limited Liability Company (Enter tax classifier	neral, LP, LLP or LLLP)		orporation Sole Proprietor) C
Other (Defined in W-9 Instructions)			
Social Security Number	(or) Employer Identificat	ion Number 46-5218197	
opening documents for my/our account, as they are at Disclosures and the Business Schedule of Fees. Furth acknowledge and agree that the signature(s) will ser (set forth below) of the taxpayer identification number alternative dispute resolution.  Substitute Form W-9. Certification - Under penaltic identification number (or I am waiting for a number of from backup withholding, or (B) I have not been not a failure to report all interest or dividends, or (C) The citizen or other US person (Defined in the W-9 instru	nermore, I/we acknowledge the receipt of rive as verification for any transactions in er (TIN) to which I/we want interest report es of perjury, I certify that: (1) The number to be issued to me), and (2) I am not subject ified by the Internal Revenue Service (IRS et IRS has notified me that I am no longer to the service of the	f these documents. By signing beloconnection with this account, and a red. The Deposit Agreement incluser shown on this form is the correct to backup withholding because:  S) that I am subject to backup withholding because	w, I/we s the certification des a provision for taxpayer (A) I am exempt folding as a result of
Certification Instructions: You must cross out item withholding because you have failed to report all inte mortgage interest paid, acquisition or abandonment o (IRA), and generally, payments other than interest an (Please refer to the IRS instructions for Form W-9).	rest and dividends on your tax return. For if secured property, cancellation of debt, o	r real estate transactions, item 2 doe contributions to an individual retiret	s not apply. For nent arrangement
Exempt Payee (check if applicable)	The Internal Revenue Service doe document other than the certificat		
Nonresident Alien Status (if applicable) I the applicable Form(s) W-8.	If the beneficial owner of this account is a	ı foreign person, check here, and co	mplete and sign
Name (typed or printed)	Title (if applicable)	Signature	Date
Ponnie E. Meada	1000	> owner	3/27/14
2 Ryan E. Bartis	Gagner.	FBt.	3/28/14
4			
5			
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THE REPORT OF THE PROPERTY OF

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Account Number:	9972		
Signature Card Adde	ndum on File		
ATM/Deposit/Debit Card I	Request		
Provided that the account ref resolutions and/or court doct authorized signers on this account doct authorized signers on this account doct are signers on the same account reference and the same account reference account reference and the same account reference account reference and the same account reference and the same account reference account reference and the same account reference account reference and the same account reference account referen	ments and/or other agreements which	nutomated teller machine cards and/or hauthorize this account) hereby reque	Debit Cards, I (as authorized by the st the issuance of such cards to any of the
Authorized Signer		Title	
Review Information			
Customer 1:			
Name Ronnie &			
			Iss. Date: 11 2013 Exp. Date: 1220 6
10 Type: Nastar Card C	ityCodit 10#: 3490	ID Issuer:	iss. Date: NA Exp. Date: 217
Customer 2:	_		
Name Pyan E.	Bartis.		
ID Type: TVOL 60	[D#:_	_	iss. Date: 10 200 Exp. Date: 64 205
10 Type: Pryusske Co	nd ID#:	_ID Issuer:NIA	Iss. Date: 0114 Exp. Date: 7/2014
Customer 3:			
Name			
ID Type:	!D#:	ID Issuer:	lss. Date: Exp. Date:
tb Type:	iD#:	ID Issuer:	Iss. Date: Exp. Date:
Customer 4:			
Name			
ID Type:	!D#:	ID issuer:	Iss. Date: Exp. Date:
ID Type:	1D#:	ID Issuer:	lss. Date: Exp. Date:
Customer 5:			
Name			
ID Type:	ID#:	lD Issuer:	lss. Date: Exp. Date:
ID Type:	ID#:	ID Issuer:	Iss. Date: Exp. Date:
Bank Information			
Date	03/27/2014		
Banking Center Name	HIGHWAY 80 AND BELT LINE ROAD	)	
Associate's Name	Luz Barron		
Associate's Phone Number	972-216-3000		
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Bank of America

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BANK OF AMERICA, N.A. (THE "BANK")	Opening and Maintaining Deposit Accounts and Services
	Account Number:
Name of Limited Liability Company MEDALLION HEALT	H GROUP LLC
I, the undersigned, hereby certify to BANK OF AMERICA, I	NA.
, that I am the a/the Owner.	and the designated keeper
of the records and minutes of MEDALLION HEALTH GRO	UP LLC
a X limited liability Company professional limited liab	ility company duly organized and existing under the laws of the State of TLXUS
(the "Company"); that I have full authority to manage, represen	it, sign for and bind the Company, that the following is a true copy of resolutions duly adopted.
by a majority of the members/managers of said Company at a r	nceting duly held on the 22 day of March . 2014, at
which a quorum was present and acted throughout or adopted	by the written consent of a majority of the members/managers; and that such resolutions are in full
force and effect and have not been amended or rescinded.	
1. Resolved, that BANK OF AMERICA, N.A.	(the "Bank"
is hereby designated as a depository of the Company and that de-	posit accounts and/or time deposits (CDs) to be opened and maintained in the name of this Company osit Agreement and Disclosures and the applicable rules and regulations for such accounts; that any
one of the following members, managers, or employees of this	
Ronnic & Mada Jr.	aurer.
Name	Title/Status
Dyan G. Bartis	Jigner,
Name	Title/Status
Name	Title/Status

is hereby authorized, on behalf of this Company and its name, to execute and sign any application, deposit agreement, signature card and any other documentation required by Bank to open said accounts; to sign checks, drafts, notes, bills of exchange, acceptances, time deposits (CDs) or other orders for payment of money; to endorse checks, drafts, notes, bills, time deposits (CDs) or other instruments owned or held by this company for deposit with Bank or for collection or discount by Bank; to accept, drafts, acceptances, and other instruments payable at Bank; to place orders with Bank for the purchase and sale of foreign currencies on behalf of this Company; to execute and deliver an electronic fund transfers agreement and to make transfers or withdrawals by electronic transfer on behalf of the Company; to obtain an access device (including but not limited to a card, code, or other means of access to the Company's accounts) that may be used for the purpose of initiating electronic fund transfers (Company agrees and acknowledges that neither the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) nor Regulation E (12 C.F.R. Part 205) are applicable to any such access device]; to establish and maintain a right deposit relationship; to execute and deliver a wire transfer agreement and to request, or to appoint and delegate from time to time such persons who may request, wires of funds; to enter into any agreements with the Bank for the provision by Bank of various Treasury Management services to this Company as such member, manager or employee may determine, in his or her sole discretion, and to sign any and all documents and take all actions required by Bank relative to such Treasury Management services or the performance of the Company's obligations there under, and that any such Treasury Management agreement(s) shall remain in full force and effect until written notice to terminate given in such termination; to rent or lease a safe deposit box from Bank, to execute the rental agreement or lease; to take what

Title/Status

2. Further Resolved, that the Bank be and is hereby authorized to honor, receive, certify, pay or exchange for money orders or other instruments all instruments signed in accordance with the foregoing resolutions even though such payment may create an overdraft or even though such instruments may be drawn or endorsed to the order of any member, manager or employee signing the same or tendered by such member, manager or employee signing the same or tendered by such member, manager or employee or endorsed to the individual obligation of such member, manager or employee, or for deposit to such member's, manager's or employee's personal account and Bank shall not be required or be under any obligation to inquire as to the circumstances of the issuance or use of any instrument signed in accordance with the foregoing resolutions or the application or disposition of such instrument or the proceeds thereof; and, further, that the Bank is authorized to honor any instructions regarding withdrawals, orders for payment or transfer of funds whether oral, by telephone or electronic means if such withdrawal, orders or transfer are initiated by an above authorized member, manager or employee; and

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Name

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Account Number:	9972

- 3. Further Resolved, that the Bank be and is hereby requested, authorized and directed to honor and to treat as authorized, checks, drafts or other orders for the payment of money drawn or purportedly drawn in this Company's name, including those payable to the individual order of any person whose name appears thereon as signer thereof, when bearing or purporting to bear the facsimile signature of an member, manager or employee authorized in the foregoing resolutions and the Bank shall be entitled to honor, to treat as authorized, and to charge this Company for such checks, drafts, or other orders regardless of by whom or by what means the actual or purported facsimile signature thereon may have been affixed thereto, if such signature resembles the facsimile specimen duly certified to or filed with the Bank by a member/manager of this Company or if such facsimile signature resembles any facsimile signature previously affixed to any check, draft, or other order drawn in the Company's name, which check, draft, or other order was accepted and paid without timely objection by the Company, thereby ratifying the use of such facsimile signature; and the Company hereby indemnifies and holds the Bank harmless against any and all loss, cost, damage or expense suffered or incurred by the Bank arising out of or in any way related to the misuse or unlawful or unauthorized use by a person of such facsimile signature; and
- 4. Further Resolved, that endorsements for deposit may be evidenced by the name of the Company being written or stamped on the check or other instrument deposited, without designation of the party making the endorsement, and the Bank is authorized to supply any endorsement on any instrument tendered for deposit or collection; and
- 5. Further Resolved, that a duly authorized member/manager of this Company shall certify to the Bank names and signatures of persons authorized to act on behalf of this Company under the foregoing resolutions and shall from time to time hereafter, as changes in the identity of said members, managers and employees are made, immediately report, furnish and certify such changes to the Bank and shall submit to the Bank a new account signature card reflecting such changes (s) in order to make such changes effective and the Bank shall be fully protected in relying on such certifications and shall be indemnified and saved harmless from any claims, demands, expenses, losses, or damages resulting from, or growing out of, honoring the signature of any member, manager or employee so certified, or refusing to honor any signature not so certified; and
- 6. Further Resolved, that the foregoing resolutions shall remain in full force and effect and the authority herein given to all of said persons shall remain irrevocable as far as the Bank is concerned until three (3) business days after the Bank is notified in writing of the revocation of such authority and that receipt of such notice shall not affect any action taken by said Bank prior thereto; and
- 7. Further Resolved, that all transactions by any member, manager or employee of this Company on its behalf and in its name with the Bank prior to the delivery to the Bank of a certified copy of the foregoing resolutions are, in all respects, hereby ratified, confirmed, approved and adopted; and
- 8. Further Resolved, that any member/manager be and hereby is, authorized and directed to certify these resolutions to the Bank and that the provisions hereof are in conformity with the Articles of Organization and Operating Agreement of this Company.

In Witness	Whereof, and intending to bind th	e Company, I have here	eunto subscribed my name as a member/manager of this Company, thi
27	day of March	,2014.	

Member/Manager

Bank Information	
Daic	03/27/2014
Banking Center Name	HIGHWAY 80 AND BELT LINE ROAD
Associate's Name	Luz Barron
Associate's Phone Number	972-216-3000

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